

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

2003 JAN 15 PM 2:31
FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 4	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI JOE F		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
	NICKNAME LAST SUFFIX GARCIA				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 460928 SAN ANTONIO, TX. 78248				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Billy F.		OFFICE USE ONLY Receipt # Amount Date Processed Date Imaged		
	NICKNAME LAST SUFFIX COTTINGHAM				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1734 EAGLE POINT SAN ANTONIO, TX. 78248				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 492-2666				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11 / 12 / 02 12 / 31 / 02				
10 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 03		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	11 OFFICE OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) CITY COUNCIL DIST. 1		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				
GO TO PAGE 2					



CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH

2003 JAN 15 PM 2:38

COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 750.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

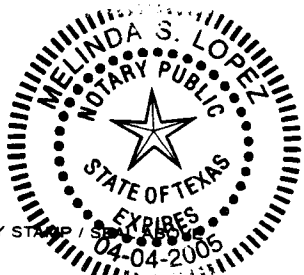
\$ 1371.37

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joe Garcia, this the 15th day of January, 20 13, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 15 PM 2:38

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

JOE F. GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/22/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

LINDOW & TREAT, LLP

6 Contributor address; City; State; Zip Code

112 E. PECAN ST. #2300
SATX 78205

7 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/22/02

Full name of contributor

☐ out-of-state PAC (ID#)

ROSALINDA RUIZ

Contributor address; City; State; Zip Code

3674 RIDGE CLUSTER
SATX 78247

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/12/02

Full name of contributor

☐ out-of-state PAC (ID#)

CHRISTINA GARCIA

Contributor address; City; State; Zip Code

215 CEDAR ST.
SATX 78210

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

12/22/02

Full name of contributor

☐ out-of-state PAC (ID#)

DALE CURRY

Contributor address; City; State; Zip Code

4103 MODENA
SATX 78218

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

2003 JAN 15 PM 2:38

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

4

2 FILER NAME

JOE F. GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

NOV'12

5 Payee name

PORTER POULTRY

6 Payee address; City; State; Zip Code

5475 HWY 90 W SATX 78227

7 Purpose of expenditure (See instructions regarding type of information required.)

Introduction of candidate; food for volunteers
+ donations

8 Amount (\$)

160.42

☒ Reimbursement
from political
contributions
intended

Date

NOV'12

Payee name

BATTERCRUST BAKERY STORE

Payee address; City; State; Zip Code

66 EL PASO ST. SATX 78205

Purpose of expenditure (See instructions regarding type of information required.)

intro of candidate food for helpers special
donations

Amount (\$)

8.72

☒ Reimbursement
from political
contributions
intended

Date

NOV 30

Payee name

Kinko's

Payee address; City; State; Zip Code

1275 NE LOOP 410
SATX 78209

Purpose of expenditure (See instructions regarding type of information required.)

flier for campaign

Amount (\$)

56.10

☒ Reimbursement
from political
contributions
intended

Date

NOV. 27

Payee name

COUNTY CLERK BEXAR COUNTY

Payee address; City; State; Zip Code

100 DOLORESA
SATX. 78205

Purpose of expenditure (See instructions regarding type of information required.)

assume name for campaign

Amount (\$)

16.00

☒ Reimbursement
from political
contributions
intended

Date

NOV. 30

Payee name

LA MADELINE #49

Payee address; City; State; Zip Code

11745 IH 10 WEST
SATX. 78230

Purpose of expenditure (See instructions regarding type of information required.)

meeting with volunteers breakfast

Amount (\$)

16.68

☒ Reimbursement
from political
contributions
intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

2003 JAN 15 PM 2:38

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

JOE GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Office Max

8 Amount (\$)

25.88

6 Payee address;

City; State; Zip Code

12635 IHIO WEST
SATX. 78230

7 Purpose of expenditure (See instructions regarding type of information required.)

Labels for campaign



Reimbursement from political contributions intended

Date

Payee name

U.S. POSTAL SERVICE

Amount (\$)

36.00

Payee address;

City; State; Zip Code

AIRPORT MAIL FAC. 78246
SATX.

Purpose of expenditure (See instructions regarding type of information required.)

P.O. Box for campaign



Reimbursement from political contributions intended

Date

Payee name

Chips Sticks

Amount (\$)

22.09

Payee address;

City; State; Zip Code

4903 NW LOOP 410
SATX 78226

Purpose of expenditure (See instructions regarding type of information required.)

Lunch w helpers



Reimbursement from political contributions intended

Date

Payee name

Margarita GARCIA

Amount (\$)

169.66

Payee address;

City; State; Zip Code

218 CEDAR ST.
SATX 78210

Purpose of expenditure (See instructions regarding type of information required.)

Prep of food for candidate + helpers
rice, beans, drinks etc.



Reimbursement from political contributions intended

Date

Payee name

CITY OF SAN ANTONIO

Amount (\$)

10.00

Payee address;

City; State; Zip Code

P.O. Box 839575
SATX 78238-3975

Purpose of expenditure (See instructions regarding type of information required.)

Candidate Package for campaign



Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

2003 JAN 15 PM 2:38

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME JOE F. GARCIA		3 ACCOUNT # (Ethics Commission filers)
4 Date DEC. 10	5 Payee name KINKO'S 6 Payee address; City: State; Zip Code 1275 MC LOBB 410 SATX 78209 7 Purpose of expenditure (See instructions regarding type of information required.) cover of material for campaign	8 Amount (\$) 5.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date Dec. 5	Payee name U.S. Post master Payee address; City: State; Zip Code AIRPORT MAIL FAC SATX 78246 Purpose of expenditure (See instructions regarding type of information required.) postage	Amount (\$) 101.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date Dec. 12	Payee name Cadilla Bu + REIT Payee address; City: State; Zip Code 212 S. FLORES ST. SATX 78205 Purpose of expenditure (See instructions regarding type of information required.) intro + greet candidate for + Omaha	Amount (\$) 116.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date Dec. 3	Payee name THE ART DEPT. (Dixie Printers Payee address; City: State; Zip Code 1002 Hovey SATX 78210 Purpose of expenditure (See instructions regarding type of information required.) printing for campaign (postcard)	Amount (\$) 53.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date Dec. 16	Payee name RAYCO PRINTERS Payee address; City: State; Zip Code 4001 S. PLESA SATX 78223 Purpose of expenditure (See instructions regarding type of information required.) signs + cam for campaign	Amount (\$) 439.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		



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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:	
2 FILER NAME <i>JOE F. GARCIA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>Dec. 28</i>	5 Payee name <i>THE ART DEPT</i>	8 Amount (\$) <i>100.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	
	6 Payee address; City: State: Zip Code <i>210 ADAMS ST. SATX 78210</i>		
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>floor design for campaign</i>		
Date <i>Dec. 3</i>	Payee name <i>SAN ANTONIO LIBRARY</i>	Amount (\$) <i>6.40</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	
	Payee address; City: State: Zip Code <i>CENTRAL SATX 78207</i>		
	Purpose of expenditure (See instructions regarding type of information required.) <i>copy of files for campaign</i>		
Date <i>Dec 12</i>	Payee name <i>K-MART</i>	Amount (\$) <i>11.59</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	
	Payee address; City: State: Zip Code <i>315 S. SANTA ROSA SATX 78207</i>		
	Purpose of expenditure (See instructions regarding type of information required.) <i>supplies (lighter) for campaign</i>		
Date <i>Dec. 7</i>	Payee name <i>El Pico De Alamo Restaurant</i>	Amount (\$) <i>15.10</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	
	Payee address; City: State: Zip Code <i>111 S. CUNA SATX 78207</i>		
	Purpose of expenditure (See instructions regarding type of information required.) <i>lunch with volunteers</i>		
Date	Payee name	Amount (\$)	
	Payee address; City: State: Zip Code		
	Purpose of expenditure (See instructions regarding type of information required.)		

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